

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



May 9, 2002

ALL COUNTY INFORMATION NOTICE NO. I -34-02

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS
ALL FOOD STAMP COORDINATORS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☒ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: NEW FAX NUMBER FOR THE IMMIGRATION AND NATURALIZATION
SERVICE (INS) VERMONT SERVICE CENTER

REFERENCE: ACL 00-07

The purpose of this letter is to provide information to the counties regarding a change in the fax number for the INS Vermont Service Center.

All County Letter 00-07 provided information to the counties on California Work Opportunity and Responsibility to Kids (CalWORKs) and Food Stamp eligibility for battered noncitizens. Battered noncitizens are eligible as Permanently Residing Under Color of Law (PRUCOL) for CalWORKs if they have appropriate Immigration and Naturalization Service (INS) documentation which includes, approved petition, prima facie notice, or an approved application as a battered noncitizen. If a battered noncitizen provides documentation to the county, other than listed, the county must fax the INS documents with the INS Request Form to the Vermont Service Center for verification. Please refer to Attachment A for a sample of the fax request form. The new fax number for the INS Vermont Service Center is (802) 527-4864.

If you have any questions regarding this letter, please call David Willey of the CalWORKs Eligibility Bureau at (916) 654-3062 or Sandra Pierce of the Food Stamp Bureau at (916) 653-5208.

Sincerely,

Original signed by C.L. Metsker

CHARR LEE METSKER Chief
Employment and Eligibility Branch

Attachment

c: CSAC
CWDA

[sample only – request to be submitted on letterhead of requesting agency]

Fax Request Form – from Benefit Agency to INS

To: INS Vermont Service Center, fax (802) 527-4864

Attn: Battered Alien Review Unit

This fax consists of ___ pages

This request is being submitted by:

Name(printed): _____ Title: _____

Agency name and address: _____

Fax number: _____ Phone number: _____

Agency case tracking number: _____(optional)

Item 1: An alien applicant is seeking public benefits from the agency identified above, pursuant to recent welfare reform legislation. This applicant falls into one of two categories:

_____ a) believes an INS Form I-130, petition for Immigrant Status, was filed on the applicant's behalf by his/her spouse or parent; or has self-petitioned as a widow(er) using INS Form I-360, Petition for Amerasian, Widow or Special Immigrant (complete Part A, below);

OR

_____ b) has self-petitioned as a battered spouse or child using INS Form I-360, petition for Amerasian, Widow, or Special Immigrant (complete Part B, below).

Item 2: The above-referenced agency requests that INS: (please check only one)

- ☐ Verify that the attached document is valid. A copy of the I-797 approval notice, prima facie determination or receipt notice is attached.
- ☐ Make a prima facie determination or expedite adjudication of the petition and notify the requesting agency of the outcome.
- ☐ Update the status of the requesting agency's _____(insert date) request for a prima facie Determination or expedited adjudication. (Requesting agency should allow three weeks from the request for a prima facie determination or filing of a petition before making this request.)
- ☐ Determine whether the applicant has filed a petition or whether a petition has been filed on his or her behalf under (a) or (b), as indicated above. If so, please make a prima facie determination or expedited adjudication of the applicant's petition and notify the requesting agency of the outcome.

Date: _____ Agency Signature: _____

PART A: For an Applicant Who Is the Beneficiary of a Petition Filed by Spouse or Parent, or Who Has Self-Petitioned as a Widow(er)

Step 1: Does the alien applicant have a copy of an INS Form I-797 indicating that an I-130 was filed on his/her behalf? [If applicant has self-petition as a widow(er), check "NO" and proceed to Step 2.]

Yes _____ Attach a copy of the I-797 to this fax (you need not complete Step 2)
No _____ If the applicant has no documentation, or has documentation other than a Form I-797, proceed to Step 2.

Step 2: If the applicant does not have a Form I-797, please fill out the following information. All blanks, except that noted "if available", must be completed.

Benefit Applicant's full name: _____

Benefit Applicant's date of birth: _____

Benefit Applicant's best guess as to when petition was filed: _____ (mo/yr)

Benefit Applicant's best guess as to with which INS office petition was filed: _____

Petitioner's full name: _____

Petitioner's is Applicant's _____ spouse, or _____ parent, or _____ self[widow(er)] (check one)

Petitioner is a _____ U.S. citizen, or _____ or lawful permanent resident ("green card holder")

Petitioner's date of birth: _____

Petitioner's Alien Registration Number, If available: _____

Petitioner's address at time of filing petition: _____
(street address, city, state, zip code) _____

PART B: For an Applicant Who Has Self-Petitioned as a Battered Spouse or Child

Step 1: Attach a copy of the receipt notice or other documentation evidencing that a Form I-360 has been filed with the INS. If that documentation does not include the following information, please complete the blanks:

Applicant/self-petitioner's full name: _____

Applicant/self-petitioner's date of birth: _____

Date I-360 was filed: _____

Location (city) of INS office where filed: _____